

**Electronic Patent Application Fee Transmittal**

|   |  |                 |               |                             |
|---|--|-----------------|---------------|-----------------------------|
| <b>Application Number:</b>                              | 10552898   |                 |               |                             |
| <b>Filing Date:</b>                                     | 11-Oct-2005  |                 |               |                             |
| <b>Title of Invention:</b>                              | Biochip with independent recognition areas and optical format and float scanning thereof |                 |               |                             |
| <b>First Named Inventor/Applicant Name:</b>             | Patrick Pouteau  |                 |               |                             |
| <b>Filer:</b>   | Marvin Jay Spivak/Robert Theiss  |                 |               |                             |
| <b>Attorney Docket Number:</b>                          | 278971US2XPCT  |                 |               |                             |
| Filed as Large Entity                                   |  |                 |               |                             |
| <b>U.S. National Stage under 35 USC 371 Filing Fees</b> |  |                 |               |                             |
| <b>Description</b>                                      | <b>Fee Code</b>  | <b>Quantity</b> | <b>Amount</b> | <b>Sub-Total in USD(\$)</b> |
| <b>Basic Filing:</b>                                    |  |                 |               |                             |
| <b>Pages:</b>   |  |                 |               |                             |
| <b>Claims:</b>  |  |                 |               |                             |
| <b>Miscellaneous-Filing:</b>                            |  |                 |               |                             |
| <b>Petition:</b>  |  |                 |               |                             |
| <b>Patent-Appeals-and-Interference:</b>                 |  |                 |               |                             |
| <b>Post-Allowance-and-Post-Issuance:</b>                |  |                 |               |                             |
| <b>Extension-of-Time:</b>                               |  |                 |               |                             |
| Extension - 3 months with \$0 paid                      | 1253   | 1               | 1110          | 1110                        |

| Description                       | Fee Code | Quantity | Amount | Sub-Total in USD(\$) |
|-----------------------------------|----------|----------|--------|----------------------|
| <b>Miscellaneous:</b>             |          |          |        |                      |
| Request for continued examination | 1801     | 1        | 810    | 810                  |
| <b>Total in USD (\$)</b>          |          |          |        | <b>1920</b>          |